

CITIZENS PROPERTY INSURANCE CORPORATION

Affirmation of Property Status

Due to recent changes in Florida law, Citizens Property Insurance Corporation (Citizens) is required to determine the status of each property it insures for assessment purposes. Please review the classifications below and check the box next to the description that best applies to your property. **Your agent can assist you in understanding and completing this form.**

Residential Property Owners	
<input type="checkbox"/>	1. I own the property to be insured and it has been granted a homestead tax exemption.
<input type="checkbox"/>	2. I own the property to be insured and it is exempt from property taxes.
<input type="checkbox"/>	3. I own the property to be insured, it will be insured for \$200,000 or less, and I have a written lease with a renter for a term of at least seven (7) months.
<input type="checkbox"/>	4. I am a Florida resident and I own and occupy the mobile home or manufactured home to be insured, it is permanently affixed to land I own, and it has been granted a homestead tax exemption.
<input type="checkbox"/>	5. I am a Florida resident and I own and occupy the mobile home or manufactured home to be insured, it is permanently affixed to land I do not own, and it is my primary place of residence.
Commercial Property Owners - The property is either:	
<input type="checkbox"/>	a. A county, district, or municipal hospital; or
<input type="checkbox"/>	b. A hospital licensed by any not for profit corporation qualified under Statute 501(c)(3) of the United States Internal Revenue Code; or
<input type="checkbox"/>	c. A Continuing Care Retirement Community that is certified under Chapter 651, Florida Statutes, and that receives an exemption from ad valorem taxes under Chapter 196, Florida Statutes.
<input type="checkbox"/>	I do not qualify under any homestead category above. I understand that it is my responsibility to notify my agent if and when I become qualified under any of the homestead categories listed above in order to have my policy record updated.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Policyholder Signature	Date	Property Address
Policyholder Name (Print)		Unit number(If Any)
Policy Number		City/State/Zip
Phone (Day/Evening)		Agency Name/Agent's FL License Number

Nothing in your response on this form can affect your property's status for tax purposes.

All properties are subject to Citizens' standard underwriting guidelines and eligibility rules.

Agent – This form or a digital copy must be retained in your office.